	Connecticut Departin	inclife of I dolle I	Carti	ושו	عاالكالالا	, water	Section	
	Water Quality	Monitoring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0080044	667-687 AMITY ROAD				NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
667-687 AMITY	/ ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: BETHANY			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility	y and Sampling Point In	ventory	
Water		Total Lead and	

	vva	ter system raciii	ity and Sampling P	OIIIL II	iventoi	y			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility II		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
20150	WELL	2	WELL	Α					

				Contact Inf	ormation				
Name				Organization	l		Job Title		
Mr. Matt Micros									
Mailing Address Line One Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code		
			242 Whipp	oorwill Lane		Stratford	СТ	06614	
Business Phone	Extension	Fax	ľ	Mobile Phone	bile Phone Emergency Phone E				
203-650-4963						mattmicros@aol.	com		

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

# http://www.ct.gov/dph/publicdrinkingwater

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section												
	Water Quality Monitoring and Con	npliance S	Schedul	e									
ID	PWS Name	Classification	Population	Owner Type	Prima								

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0080084	BILLY'S ICE CREAM & MARKETPLACE				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
742 AMITY ROA	,D	Connections			1			

TOWNS Served. DETHANT			
Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

# **Other Compliance Schedules**

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 7/13/2016

Publi	Public Notification Requirements									
			PN Certij	ertification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	11/13/2019		11/23/2019					
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	11/20/2019		11/30/2019					
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	3/5/2020		3/15/2020					
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	3/5/2020		3/15/2020					

Facility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DB									
	Water System Facility	Sampling Point	Sampling Point						Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20154	WELL	2	WELL	Α					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		<u> </u>			1				
PWS ID	PWS Name				Classific	ation P	opulation	Owner Type	Primary Source
CT0080084	BILLY'S ICE CREAM & MARI	KETPLACE			NC		25	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Com	nmercial	Industria	al Combine	ed Agricultural
742 AMITY ROA	.D		Connections			1			

			Co	ontact Inf	formation				
Name				Organization			Job Title		
Ms. Kathleen Barone				742 Amity R	oad LLC				
Mailing Address Line One Mailing Address			ess Line Two	1	City		State	Zip Code	
731 Amity Road						Bethany		СТ	06524
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone Email Address				
203-824-1494						kathleen	n.barone@honeywell.com		

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public Health	Drink	ing Wa	ater Se	ction		
		*	oring and Com		U				
PWS ID	PWS Name	guarrey 1.10111e					ner Type P	rimary Source	
CT0080094		ST CONGREGATIONA		NC		25	Р	GW	
	ess (where applicable)		Service Resident	ial Comm			Combined	Agricultura	
511 AMITY			Connections	1				0	
Towns Serv	ved: BETHANY								
		Monito	oring Requiremer	its					
Water Sys	tem Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)						
Total Coli	iform (3100)					1 rou	tine (RT)	per quarter	
	ling Point (Sampling Point ID)		Monitorin	g Period	Collect	ion Period	·=·	iance Status	
Select	from Inventory of Active Sam	pling Points	10/1/18 - :	12/31/18			Co	mplete	
			1/1/19 - 3	3/31/19			Co	mplete	
			4/1/19 - (	5/30/19					
			7/1/19 - 9	9/30/19					
Physical F	Parameters (PPS)					1 rou	tine (RT)	per quarter	
Samp	ling Point (Sampling Point ID)		Monitorin	g Period	Collect	ion Period	Compliance Status		
Select	from Inventory of Active Sam	pling Points	10/1/18 - :	12/31/18			Complete		
			1/1/19 - 3				Co	mplete	
			4/1/19 - (	5/30/19					
			7/1/19 - 9	9/30/19					
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate A	nd Nitrite (NOX)					1	routine (F	RT) per year	
Samp	ling Point (Sampling Point ID)		Monitorin	g Period	Collect	ion Period	Compli	iance Status	
ENTR	Y POINT (3)		1/1/18 - 1				Co	mplete	
			1/1/19 - 1						
			1/1/20 - 1	2/31/20					
	Wate	er System Facili	ity and Sampling	Point Ir	nventoi	ry			
Water					Total	Lead and			
	Water System Facility		Sampling Point		Coliform	Copper		Stage	
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBP	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20155	WELL	2	WELL	Α					
57121	TREATMENT PLANT								
57147	PRESSURE TANK								
		Con	tact Information						
Name		0	rganization				Job Title		
Mr. Rupert	t A. Covey								
	drass Lina Ona	Mailing Address	s Line Two		C:	+	Ctata	7in Codo	

			C	mact iiii	Officiation				
Name				Organization	1		Job Title		
Mr. Rupert A. Cove	у								
Mailing Address Line	e One		Mailing Addr	ess Line Two		С	ity	State	Zip Code
112 Lebanon Road						Bethany		СТ	06524
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Addre	SS		
203-393-2975									
Contact Role(s): Le	gal Contact		·						

(	Lonnectici	ut Depa	rtme	nt of	Public I	dealth	Drii	nking	g watei	<sup>c</sup> Se	ection	
	Wat	er Qua	lity M	onito	oring an	d Con	nplia	nce S	Schedu	le		
PWS ID	PWS Name						Classif	ication	Population	Owi	ner Type	Primary Source
CT0080094	IRST CHURCH O	F CHRIST CO	ONGREGA	ATIONAL	ı		N	IC	25		Р	GW
Local Address (wh	nere applicable)				Service	Residen	tial Co	ommercial Industr		ial	Combine	d Agricultural
511 AMITY ROAD	11 AMITY ROAD					ions		1				
Towns Served: BE	THANY						,			·		
Name				Org	Organization						Job Title	<u>.</u>
Reverend Carolin	e K. Murphy			1St	1St Church of Christ Cong							
Mailing Address L	ine One		Mailing	Address	Line Two				City		State	Zip Code
511 Amity Road								Bethar	ıy		СТ	06524
Business Phone	Extension	Fax		Mobile	Phone E	mergency	/ Phone	Email A	Address			
203-393-3116		203-393-	3116									
Contact Role(s):	Administrative (	Contact										

A ---- CD blis Health Dealise Marks Costin

Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut De	epartment of	Public H	lealth	Dri	nkir	ng W	ater S	Sec	ction		
			uality Monit					_					
PWS ID		PWS Name	dancy 14101111	oring and	u don						Owner Type Primary Source		
CT0080144		CHRIST EPISCOPAL CHUI	RCH				NC	-	25		P	GW	
Local Addr	ress (w	here applicable)		Service	Residen	tial C	omme	rcial I	ndustrial	(	Combined	Agricultural	
526 AMITY				Connections			1						
Towns Serv	ved: Bl	ETHANY			1	1							
			Monito	oring Requ	iireme	nts							
Water Sys	stem F	acility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)									
Total Col	liform	(3100)							1 r	out	ine (RT) p	er quarter	
Samp	oling Po	oint (Sampling Point ID)			Monitori	ng Pei	riod	Collec	tion Perio	od	Complia	ınce Status	
Select from Inventory of Active Sampling Points					10/1/18 -	12/31	L/18				Cor	mplete	
				1/1/19 -	3/31/	<b>′</b> 19				Cor	mplete		
					4/1/19 -								
					7/1/19 -	9/30/	19						
•		neters (PPS)										er quarter	
-		oint (Sampling Point ID)			Monitori			Collec	tion Perio	od	•	ince Status	
Select	t from	Inventory of Active Sam	pling Points		10/1/18 -		-					nplete	
					1/1/19 -						Cor	nplete	
					4/1/19 -								
			_ (		7/1/19 -	9/30/	19						
•		acility: ENTRY POIN	T (WSF ID: 00700)										
		trite (NOX)										Γ) per year	
		pint (Sampling Point ID)			Monitori			Collec	tion Perio	od	•	ince Status	
ENIR	Y POIN	11 (3)			1/1/18 -							nplete	
					1/1/19 -		-				Cor	nplete	
		\ <b>\</b> /-+-	C		1/1/20 -		-						
		wate	r System Facili	ty and Sar	npiing	Poir	nt inv						
Water	Mato	r Systom Easility	Sampling Point	Camplina Doi	nt			Total	Lead a			Chara	
System Facility ID		r System Facility	ID	Description	111	C		Coliform Rule			Asbestos	Stage WQP 2 DBPR	
-		IBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		<del>atus</del> A	Y					
00000		.501.61.01012	DOWNSTREAM				Α	•					
			UPSTREAM	WITHIN 5 SER			A						
00700	ENTRY	/ POINT	3	ENTRY POINT			Α						
	WELL		2	WELL			A						
		URE STORAGE											
			Con	tact Inforr	mation								
			COII	tact iiiioff	nation								

			Co	ontact Inf	ormation				
Name				Organization	า		Job Title		
Ms. Diane Prall		Christ Episco	pal Church	Office Manager					
Mailing Address Lin	e One	ess Line Two			City	State	Zip Code		
Office Manager			526 Amity Ro	oad		Bethany		СТ	06524
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress		
203-393-3399						office@christchurchbethany.org			
Contact Role(s): A	dministrative	Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut	t Depa	irtment of	Public	Health	Drir	ıking	Water	Section	
	Wate	r Qua	lity Monit	oring a	nd Con	nplia	nce S	Schedul	le	
PWS ID F	WS Name					Classification P		Population	Owner Type	Primary Source
CT0080144 C	CHRIST EPISCOPAL	CHURCH				N	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	esidential Cor		al Industri	al Combine	ed Agricultural
526 AMITY ROAD		Connections			1					
Towns Served: BE	THANY					·				
Name			Oi	Organization					Job Titl	e
Mr. Matt Baker			Cł	Christ Episcopal Church				Junior Wa	arden	
Mailing Address L	ine One		Mailing Address	s Line Two			City		State	Zip Code
			526 Amity Road	t			Bethan	У	СТ	06524
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	Address	,	
203-393-3399					203-644	-7551	office@	christchurg	hbethany.org	3
Contact Role(s):	Legal Contact									

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0080154	119 AMITY ROAD			NC	28	Р	GW					
Local Address (\	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
GRAND AVE PIZ	ZA	Connections			2							
Towns Served: I	BETHANY					,	,					
Monitoring Requirements												

GRAND AVE PIZZA		Connections		2				
Towns Served: BETHANY		1		1	'			
	Moni	toring Requ	iremen	ts				
Water System Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)						
Total Coliform (3100)						1 rc	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Perio	d Compli	ance Status
Select from Inventory of Active Sampl	ing Points		10/1/18 - 1	2/31/18			Co	mplete
			1/1/19 - 3	/31/19			Co	mplete
			4/1/19 - 6	/30/19				
			7/1/19 - 9	/30/19				
Physical Parameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	•	Collect	ion Perio	d Compli	ance Status
Select from Inventory of Active Sampl	ing Points		10/1/18 - 1	2/31/18			Co	mplete
			1/1/19 - 3	/31/19			Co	mplete
			4/1/19 - 6					
			7/1/19 - 9	/30/19				
Water System Facility: <b>ENTRY POINT</b>	(WSF ID: 0070	0)						
Nitrate And Nitrite (NOX)							1 routine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Collect	ion Perio	d Compli	ance Status
ENTRY POINT (3)			1/1/18 - 12	-				mplete
			1/1/19 - 12	-			Co	mplete
			1/1/20 - 12	2/31/20				
	Public No	otification R	equiren	nents				
		Compliance	Notice	Public	. Notific	<u>ation</u>	PN Cer	<u>tification</u>
Violation/Situation		Period	Tier	Require		rformed	Due to DPH	Received
Physical Parameters M&R Violation	7/	1/04 - 9/30/04	3	12/20/20	005		12/30/2005	
Water	<b>System Fac</b>	ility and Sai	npling P	oint In	vento	ry		
Water					Total	Lead an	d	
System Water System Facility		nt Sampling Poi	nt		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ			
	DOW/NCTDE AT	A WITHIN E CEE	VICE CON	۸				

	Water System Facility and Sampling Point Inventory												
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
20160	WELL	2	WELL	Α									
48182	ULTRAVIOLET DISINFECTION												

Contact Information												
Name			Organization			Job Title						
Mr. Erwin A. Sicking	ger	119 Rt 63 Ass	sociates LLC		Manager							
Mailing Address Line One Mailing Address				ress Line Two			City	State	Zip Code			
45 Banner Dr						Milford		СТ	06460			
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	e Email Address						
203-878-6524			20	3-710-2700		banners	bannersys@aol.com					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tractor & didinity i romite	0. 0011	- P	1011100	01100101			
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0080154	119 AMITY ROAD		NC	28	Р	GW		
Local Address (v	Local Address (where applicable)			ntial	Commercia	al Industri	al Combine	ed Agricultural
GRAND AVE PIZ	ZA	Connections			2			

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

СТ0080204	TEDDY BS		NC	25	Р	GW				
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Sour									
	Water Quality Monitoring and Compliance Schedule									
	Connecticut Department of Public Health Drinking Water Section									

Service

Connections

nt of Dublic Hoolth Drinding Water Coetic

Residential Commercial Industrial

1

8/18/2005

Status

Α

Total

**Coliform** 

Rule

Υ

8/28/2005

Rule Tier Asbestos WQP 2 DBPR

Stage

Lead and

Copper

Agricultural

Combined

Total Coliform M&R Violation

Water System Facility

**DISTRIBUTION SYSTEM** 

Water

System

Facility ID

00600

136 AMITY ROAD

Local Address (where applicable)

Towns Served: BETHANY	·			·		
N	Ionitoring Requ	uirement	ts			
Water System Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				<b>1</b> r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate (1040)				<b>1</b> r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	od Complia	ince Status
ENTRY POINT (3)		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Nitrite (1041)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio	od Complia	ınce Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20			
Ot	her Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achieve	ed Date	
RESPOND TO SANITARY SURVEY		6/1	.5/2011			
RESPOND TO SANITARY SURVEY		7/1	3/2016			
Publi	c Notification R	Requiren	nents			
	Compliance	Notice	Public No	<u>otification</u>	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	1/1/04 - 3/31/04	2	11/12/2004		11/22/2004	
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/12/2004		11/22/2004	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

**DISTRIBUTION SYSTEM** 

**Description** 

**Water System Facility and Sampling Point Inventory** 

1/1/05 - 3/31/05

Sampling Point Sampling Point

ID

4

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classi	ification I	Population	Owner Type	Primary Source
CT0080204	TEDDY BS				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial C	Commercia	l Industri	al Combine	ed Agricultural
136 AMITY ROA	D	Connections			1			

	Water System Facility and Sampling Point Inventory								
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20164	WELL	2	WELL	Α					

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Theodore Bilis				Bilisco, LLC			Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
23 Wedgewood Dr.						Waterto	wn	СТ	06795
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress		
203-393-1525									

Contact Role(s): Administrative Contact, Legal Contact, Owner

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		*	Public Health I		U		ction	
		Zuanty Monit						
PWS ID	PWS Name		С	lassifica	ation Pop			rimary Source
CT008021		RY CLUB		NC		25	Р	GW
Local Add	ress (where applicable)		Service Residentia	I Com	mercial	ndustrial	Combined	Agricultural
275 MILLE			Connections		1			
Towns Ser	rved: BETHANY							
		Monito	oring Requirement	ts				
Water Sy	stem Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF II	D: 00600)					
<b>Total Co</b>	liform (3100)					1 rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point ID	)	Monitoring	Period	d Collec	tion Period	Compl	iance Status
Selec	ct from Inventory of Active San	npling Points	10/1/18 - 12	2/31/18	8		Co	mplete
			1/1/19 - 3,	/31/19			Co	mplete
			4/1/19 - 6,	/30/19				
			7/1/19 - 9,	/30/19				
Physical	Parameters (PPS)					1 rou	tine (RT)	per quarter
Samı	pling Point (Sampling Point ID	)	Monitoring	Period	d Collec	tion Period	Compl	iance Status
Selec	ct from Inventory of Active San	npling Points	10/1/18 - 12	2/31/1	8		Co	mplete
			1/1/19 - 3,	/31/19			Co	mplete
			4/1/19 - 6,	/30/19				
			7/1/19 - 9,	/30/19				
Water Sy	stem Facility: ENTRY POIN	NT (WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)					1	routine (F	RT) per year
	pling Point (Sampling Point ID	)	Monitoring	Period	d Collec	tion Period	_	iance Status
ENTR	RY POINT (3)		1/1/18 - 12	/31/18	}		Co	mplete
	. ,		1/1/19 - 12					mplete
			1/1/20 - 12					·
	Wat	er System Facili	ty and Sampling P			ry		
Water					Total	Lead and		
System	Water System Facility	Sampling Point			Coliforn	Copper		Stage
Facility ID	)	ID	Description	Statu	<sub>IS</sub> Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20165	WELL	2	WELL	Α				
56258	PRESSURE STORAGE							
		Con	tact Information					
Name		Or	ganization				Job Title	
Mr. Paul F	Falcone		oodhaven Country Club					
	ddress Line One	Mailing Address	<u> </u>		(	City	State	Zip Code
343 Mille		0 1100		E	Bethany	,	СТ	06524
242 MIIIIE	i Nodu				эситану		CI	00324

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Emergency Phone Email Address

Mobile Phone

**Business Phone** 

203-393-3230

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

	Water Quality Fromtoring and domphanes believans								
PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0080214 WOODHAVEN COUNTRY CLUB				NC	25	Р	GW		
Local Address (where applicable) Ser			Resider	itial	Commerci	al Industri	al Combine	ed Agricultural	
275 MILLER ROAD		Connections			1				

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0081084	COUNTRY CORNER DINER LLC				NC	32	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
756 AMITY ROA	D	Connections			1			

Towns Served: BETHANY

Towns Served: BETHANY			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
DISTRIBUTION (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Con	npilance	Schea	uies
-----------	----------	-------	------

Compliance Schedule Activity

Due Date

Achieved Date

RESPOND TO SANITARY SURVEY 7/13/2016

Public	Notification	Requirements

Compliance Notice <u>Public Notification</u> <u>PN Certification</u>

Violation/Situation

Period Tier Required Performed Due to DPH Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

Page 14

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Classification		Population	Owner Type	Pr	imary Source				
CT0081084	COUNTRY CORNER DINER LLC			NC	32	Р		GW				
Local Address (v	Service	Residen	itial	Commerci	al Industri	al Combin	ed	Agricultural				
756 AMITY ROA	Connections	ns		1								
Towns Served: E	BETHANY				neganea	· cijoiiie						
REVISED TOTAL	COLIFORM RULE (RTCR)	4/19/18 -	3		6/30/2018		7/10/201	18				
REVISED TOTAL	REVISED TOTAL COLIFORM RULE (RTCR) TT Violation		2		6/30/2018		7/10/201	18				
Total Coliform N	5/1/18 - 5/31/18	3		9/10/2019		9/20/201	19					
Total Coliform N	√A&R Violation	4/1/18 - 4/30/18	3		9/10/2019		9/20/201	19				

Connecticut Department of Public Health Drinking Water Section

	Wa	ater System Facili	ity and Sampling F	oint Ir	nvento	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
52012	WELL 1	2	WELL 1	Α					

	Contact Information									
Name				Organization		Job Title				
Mr. Syrja T. Topciu				Country Cor	Country Corner Diner					
Mailing Address Lin	e One		Mailing /	Address Line Two		City		State	Zip Code	
			756 Ami	ty Road		Bethany		СТ	06524	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
203-393-1489		203-393-1	1525		203-509-9964					

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	<b>Connecticut Dep</b>	artment	of Public H	lealth	Drinkii	ng Water	Section	
	Water Qu	ality Moi	nitoring and	d Com	pliance	e Schedul	e	
PWS ID	PWS Name				Classificatio	n Population	Owner Type F	rimary Source
CT0081094	STEVES DELI				NC	102	Р	GW
Local Address (v	vhere applicable)		Service	Resident	ial Comme	ercial Industria	l Combined	Agricultural
710 AMITY ROA	D		Connections		1			
Towns Served: E	BETHANY							
			nitoring Requ	iremer	nts			
Water System	Facility: DISTRIBUTION	SYSTEM (W	SF ID: 00600)					
Total Coliforn							routine (RT)	•
	Point (Sampling Point ID)			Monitorin		Collection Per	-	iance Status
Select from	n Inventory of Active Sampli	ng Points		10/1/18 - :				omplete
				1/1/19 - 3			Co	omplete
				4/1/19 - 0				
				7/1/19 - 9	9/30/19			
Physical Para							routine (RT)	•
	Point (Sampling Point ID)			Monitorin		Collection Per	•	iance Status
Select from	n Inventory of Active Sampli	ng Points	-	10/1/18 - 3				omplete
				1/1/19 - 3			C	omplete
				4/1/19 - 0				
Matau Cuataua	Facility FAITDY BOINT	/MCE ID: 007	(00)	7/1/19 - 9	9/30/19			
•	Facility: ENTRY POINT	(WSF ID: 007	00)				4 11 //	-\
Nitrate And N	• •			Manitaviu	a Douised	Collection Don	-	RT) per year
	Point (Sampling Point ID)			Monitorin	_	Collection Per	-	iance Status
ENTRY POI	N1 (3)			1/1/18 - 1				omplete
				1/1/19 - 1			C	omplete
		0.1		1/1/20 - 1				
		Othe	r Compliance	Schedi	ules			
Compliance Sch	•				ue Date	Achie	ved Date	
RESPOND TO SA	NITARY SURVEY			8/	/13/2017			
		Public N	Notification R	equire	ments			
			Compliance	Notice	Public	<u> Notification</u>	PN Cer	<u>tification</u>
Violation/Situa	tion		Period	Tier	Require	ed Performed	Due to DPH	Received
Total Coliform N			7/1/14 - 9/30/14	2	10/25/20		11/4/2014	
E. Coli M&R Vio			8/21/14 - 8/26/14	3	11/21/20		12/1/2015	
	Water	System Fa	cility and Sar	npling	Point In	ventory		
Water		- " -				Total Lead		
	er System Facility		oint Sampling Poi	nt		Coliform Copp		Stage
Facility ID	DIDLITION CVCTCAA	ID A	Description		<u>Status</u>	Rule Rule	iier Aspestos	WQP 2 DBPR
00600 DISTI	RIBUTION SYSTEM	4 DOM/NETDE	DISTRIBUTION		A			
			AM WITHIN 5 SER					
00700 51:75	NV DOINT	UPSTREAM						
	RY POINT	3	ENTRY POINT		Α			
52303 WELI	L 1	2	WELL 1		Α			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

**Contact Information** 

Job Title

State

Zip Code

City

Organization

Mailing Address Line Two

Name

Mr. Raymond Wily
Mailing Address Line One

	donnectical Departi	inelite of a dolle in	Carti		5 Water	Decemon	
	Water Quality	Monitoring and	d Com	pliance	Schedu	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0081094	STEVES DELI		NC	102	Р	GW	
Local Address	(where applicable)	Service	Resident	ial Commerc	cial Industr	ial Combin	ed Agricultural
710 AMITY RO	)AD	Connections		1			
Towns Served	: BETHANY	·					
	708	Amity Road		Rotha	nv	СТ	06524

Emergency Phone Email Address

203-393-2326

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

Extension

#### Please note the following:

**Business Phone** 

203-393-2326

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0081104	BETHANY VOLUNTEER FIRE DEPT HQ				NC	25	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
765 AMITY ROA	D	Connections			1			

Towns Served: BETHANY

ing Requirements						
00600)						
	1 rout	ine (RT) per quarter				
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19		Complete				
4/1/19 - 6/30/19						
7/1/19 - 9/30/19						
	1 routine (RT) p					
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
10/1/18 - 12/31/18		Complete				
1/1/19 - 3/31/19		Complete				
4/1/19 - 6/30/19						
7/1/19 - 9/30/19						
	1 r	outine (RT) per year				
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>				
1/1/18 - 12/31/18		Complete				
1/1/19 - 12/31/19						
1/1/20 - 12/31/20						
	Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  Monitoring Period  1/1/18 - 12/31/18  1/1/19 - 12/31/18	1 rout  Monitoring Period Collection Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 rout  Monitoring Period Collection Period  10/1/18 - 12/31/18  1/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  1 rout  Collection Period  1/1/18 - 12/31/18  1/1/19 - 12/31/18  1/1/19 - 12/31/19				

# **Other Compliance Schedules**

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	8/22/2012	
RESPOND TO SANITARY SURVEY	8/13/2017	

# Water System Facility and Sampling Point Inventory

Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility IE		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	? DBPR
00600	DISTRIBUTION SYSTEM	004	DSR	Α	Υ				
		4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
53256	WELL 1	2	WELL 1	Α					

53260 PRESSURE TANK

			Co	ontact Info	ormation					
Name				Organization			Job Title			
Ms. Derrylyn Gorski				Bethany	Bethany			First Selectman		
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code	
Town Hall			40 Peck Road	d		Bethany		СТ	06524	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Department o	of Public H	Iealth	Dri	nking	Water	Section	
	Wat	ter Quality Moni	toring an	d Con	nplia	ance S	Schedul	e	
PWS ID	PWS Name				Class	ification	Population	Owner Type	Primary Source
CT0081104	BETHANY VOLUI	ETHANY VOLUNTEER FIRE DEPT HQ					25	L	GW
Local Address (w	here applicable)		Service	Resider	tial C	Commercial Industri		al Combine	ed Agricultural
765 AMITY ROAD	)		Connections			1			
Towns Served: B	ETHANY							,	
203-393-2100		203-393-0821		203-415	-0031	dgorsk	i@bethany-	ct.com	
Contact Role(s):	Administrative	Contact, Legal Contact							

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	partment	of Public F	lealth	Drinking	g Water S	ection		
	Water Qu	iality Mor	nitoring an	d Com	pliance :	Schedule			
PWS ID	PWS Name				Classification	Population O	wner Type P	rimary Source	
CT0081124	VETERANS MEMORIAL PA	RK PAVILLION			NC	25	L	GW	
Local Address (	where applicable)		Service	Resident	ial Commerc	ial Industrial	Combined	Agricultural	
265 BEACON R	OAD		Connections		1				
Towns Served:	BETHANY								
			itoring Requ	uiremer	nts				
-	Facility: DISTRIBUTION	I SYSTEM (WS	SF ID: 00600)						
Total Colifor	•						=	per quarter	
	Point (Sampling Point ID)			Monitorin	_	Collection Perio	-	iance Status	
Select from	m Inventory of Active Sampl	ing Points		10/1/18 -			Со	mplete	
				4/1/19 - 7/1/19 -	-				
Physical Para	meters (PPS)			7/1/19-	5/30/15	1 r	outine (RT)	per quarter	
•	Point (Sampling Point ID)			Monitorin	g Period C	Collection Perio	= '	iance Status	
	m Inventory of Active Sampl	ing Points		10/1/18 -				mplete	
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Water System	Facility: ENTRY POINT	(WSF ID: 0070	00)						
	Nitrite (NOX)						<del>-</del>	RT) per year	
	Point (Sampling Point ID)			Monitorin		Collection Perio		iance Status	
ENTRY PO	INT (3)			1/1/18 - 12/31/18 Complete					
				1/1/19 - 1					
		Othor	Compliance	1/1/20 - 1					
		Other	Compliance				15 .		
Compliance Sci					ue Date	Achieve	d Date		
SEASONAL STA	RT UP COMPLETION	5 11: 4			/1/2019				
		Public N	otification F						
Violetiae (City	udia a		Compliance	Notice		<u>lotification</u>		<u>tification</u>	
Violation/Situa	eters M&R Violation		<b>Period</b> 5/1/18 - 5/31/18	Tier	9/11/2019	Performed	9/21/2019	Received	
PHYSICAL PALAITI			cility and Sa				9/21/2019		
14/estos	vvater	System ra	cility allu Sai	ilipillig			. al		
Water System Wat	ter System Facility	Samplina Po	int Sampling Po	int		otal Lead an liform Coppe		Stage	
Facility ID	,	ID	Description					WQP 2 DBPR	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	A				
		DOWNSTREA	AM WITHIN 5 SE	RVICE CON	Α				
		UPSTREAN	1 WITHIN 5 SE	RVICE CON	Α				
00700 ENT	RY POINT	3	ENTRY POINT	Γ	Α				
57720 WEI	L1	2	WELL 1		Α				
		C	ontact Infor	mation					
Name			Organization				Job Title		
Ms. Derrylyn G	iorski		Bethany			First Selectn	nan		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Zip Code

06524

State

 $\mathsf{CT}$ 

City

dgorski@bethany-ct.com

Bethany

Emergency Phone Email Address

203-415-0031

Mailing Address Line Two

Mobile Phone

40 Peck Road

Fax

203-393-0821

Mailing Address Line One

Extension

**Business Phone** 

203-393-2100

Town Hall

	Connecticut Department of Public Health Drinking Water Section										
	Wat	er Qual	lity Monite	oring ar	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0081124	VETERANS MEM	ORIAL PARK	PAVILLION			N	С	25	L	GW	
Local Address (where applicable)				Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural	
265 BEACON ROA	AD.			Connection	S		1				
Towns Served: Bl	THANY							,			
Contact Role(s):	Administrative (	Contact, Leg	al Contact								
Name			Or	rganization Job Title					9		
Town of Bethany	1										
Mailing Address	ine One		Mailing Address	ess Line Two				City		Zip Code	
40 Peck Rd							Bethan	ıy	СТ	06524	
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	Owner										

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public H	lealth	Dri	inkii	ng W	/ater	Se	ction		
		Quality Monit										
PWS ID	PWS Name	eccurey 1 101110	011118 0111							vner Type Primary Source		
CT0081134						NC		100		Р	GW	
Local Addr	ess (where applicable)		Service	Resident	tial C	Comme	ercial	Industri	al	Combined	d Agricul	tural
6 SARGENT	* * * * * * * * * * * * * * * * * * * *		Connections			1						
Towns Serv	ved: BETHANY			I								
		Monito	oring Requ	iiremei	nts							
Water Sys	stem Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF I	D: 00600)									
Total Col	iform (3100)							1	rou	tine (RT)	per quar	rter
Sampling Point (Sampling Point ID)				Monitorin	ng Pe	riod	Collec	ction Pe	riod	Comp	liance Sta	tus
Select	from Inventory of Active San	npling Points		10/1/18 -	12/3	1/18				C	omplete	
				1/1/19 -	3/31,	/19				C	omplete	
				4/1/19 -	6/30,	/19						
			7/1/19 - 9/30/19									
Physical I	Parameters (PPS)							1	rou	tine (RT)	per quar	rter
Samp	ling Point (Sampling Point ID	)		Monitorii	ng Pe	riod	Collec	tion Pe	ion Period Compliance Status			
Select	from Inventory of Active San	npling Points		10/1/18 -	12/3	1/18				C	omplete	
			1/1/19 - 3/31/19							Complete		
				4/1/19 -	6/30,	/19						
				7/1/19 -	9/30,	/19						
Water Sys	stem Facility: ENTRY POIN	NT (WSF ID: 00700)										
Nitrate A	nd Nitrite (NOX)								1	routine (	RT) per y	ear
Samp	ling Point (Sampling Point ID	)		Monitorin	ng Pe	riod	Collec	ction Pe	riod	Comp	liance Stat	tus
ENTR	Y POINT (3)			1/1/18 - 3	12/31	/18				C	omplete	
				1/1/19 - 3	12/31	/19				C	omplete	
			1/1/20 - 12/31/20									
		Other Co	ompliance	Sched	ules	5						
Complianc	e Schedule Activity			E	Due D	ate		Achie	ved	Date		
RESPOND TO SANITARY SURVEY			4/8/2015									
	Wat	er System Facili	ty and Sar	npling	Poi	nt In	vento	ory				
Water							Total	Lead				
System Facility ID	Water System Facility	Sampling Point ID	Sampling Poil Description	nt	Si	tatus	Coliforn Rule			Asbestos	St WQP 2 L	tage DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	I	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
59515	\//FII 1	2	\\/FII 1	-		Δ				·	-	

	water System Facility and Sampling Fourt inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
59515	WELL 1	2	WELL 1	Α							
59519	BLADDER TANK										

			Co	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Mukesh Patel									
Mailing Address Line One Mailing Add				ess Line Two		City		State	Zip Code
			2 Woodsmar	n Hill Road		Wallingfo	ord	CT	06492
<b>Business Phone</b>	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
203-284-7844					203-435-3730	mike420	59@usa.com		
Contact Role(s): Ac	dministrative C	ontact, Leg	al Contact, O	wner					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quanty monitoring and compliance beneaute									
PWS ID PWS Name (					ssification	Population	Owner Type	Primary Source		
CT0081134	BETHANY MART	BETHANY MART						GW		
Local Address (where applicable)		Service	Resider	tial Commerc		al Industri	al Combine	ed Agricultural		
6 SARGENT DRIVE		Connections			1					
					•			· · · · · · · · · · · · · · · · · · ·		

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule